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7590

03/15/2004

JOSEPH S. TRIPOLI  
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P.O. BOX 5312  
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Lisa M. Hipple (Depositor's name)  
Lisa M. Hipple (Signature)  
June 3, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/940,949	08/28/2001	Luc Tripod	PU010180	5192

TITLE OF INVENTION: MOUNTING ARRANGEMENT FOR CRT SOCKET BOARD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/15/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HARVEY, JAMES R	2833	439-081000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Joseph S. Tripoli  
2. Joseph J. Laks  
3. Carlos M. Herrera

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THOMSON LICENSING S. A.

46 Quai A. Le Gallo  
F-92100 Boulogne-Billancourt France

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies 11

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 010832 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Carlos M. Herrera, Reg. No. 44,762

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